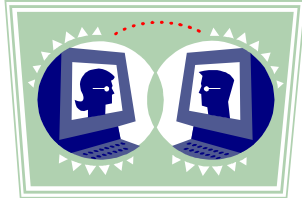


IBHIS Readiness WebEx Group Meeting

Fee-For-Service [FFS2]



Date: **Thursday, April 17, 2014**
Time: **11:00 am – 1:00 pm**
Website: <https://dmh.webex.com/>
Meeting #: **925 540 158**

Audio Conference Information



Audio will come from the phone only and not through your computer.

Please dial in the number below:

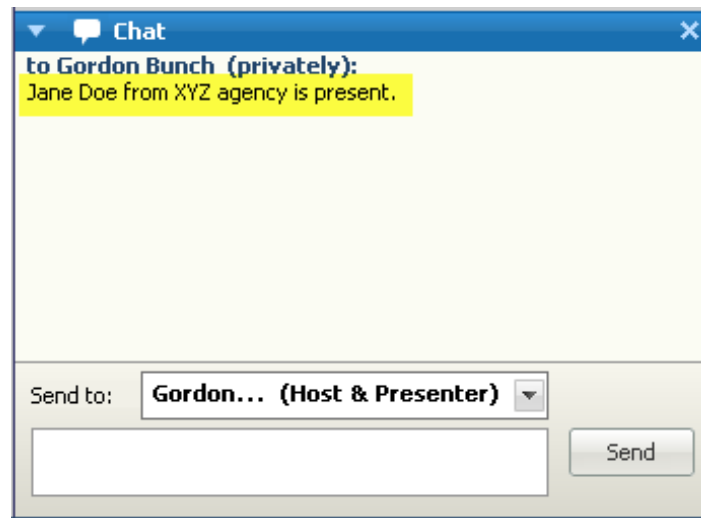
Dial in number: **1.877.322.9654**
Access code: **945672**



IBHIS Readiness WebEx Group Meeting

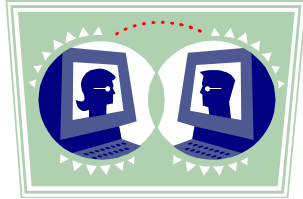
Fee-For-Service [FFS2]

- ✓ Please use the WebEx Chat box to type in your name and the institution you represent
- ✓ If there are other participants attending with you, please include their name(s) as well
- ✓ Send chat to **Gordon Bunch (Host & Presenter)** and not to Everyone



WEBEX **TEST** SESSION

IBHIS Readiness Fee-For-Service [FFS2]



Date: **Wednesday, April 30, 2014**
Time: **11:00 am – 12:00 pm**
Website: <https://dmh.webex.com/>
Meeting #: **921 447 577**

Audio Conference Information



Audio will come from the phone only and not through your computer.

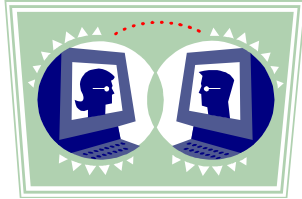
Please dial in the number below:

Dial in number: **1.888.636.3807**
Access code: **7116695**



IBHIS Readiness Group Meeting – FFS2

Join us via WebEx



Date: **Monday, May 5, 2014**
Time: **11:00 am – 1:00 pm**
Website: <https://dmh.webex.com/>
Meeting #: **927 515 067**

Audio Conference Information



Dial in number: **1.888.636.3807**
Access code: **7116695**





Meeting Agenda
Fee-for-Service (FFS2) Network Providers
April 17, 2014
11:00 a.m. – 1:00 p.m.

- ✓ **Welcome (8 min.) - Gordon Bunch/Pansy Washington**
- ✓ **Provider Support Office: User Access & Practitioner Enrollment (15 min.)– Donnakay Davis**
- ✓ **ProviderConnect (15 min.) – Jim Spallino**
- ✓ **Financial Eligibility (20 min.) – Nicole Walker**
- ✓ **Integration (30 min.) – Integration Team**
 - ✓ **Trading Partner Agreement (TPA) Process**
 - ✓ **IBHIS Claims**
- ✓ **Reports and Extracts (5 min.) – John Ortega**
- ✓ **IBHIS Readiness Tasks (5 min.) – Gordon Bunch**
- ✓ **Questions/Answers (22 min.)**

“To Enrich Lives Through Effective And Caring Service”

WELCOME and OVERVIEW

Gordon Bunch

**Contract Provider Readiness Meeting
Network Providers
April 17, 2014**



OVERVIEW

- DMH is implementing an Electronic Health Record (EHR) system
 - Integrated Behavioral Health Information System (IBHIS)
- IBHIS will replace the Integrated System (IS)
- The IS will be shut-down as soon as possible after IBHIS go-live

OVERVIEW

- IBHIS is rolling out in Phases
 - Directly Operated Clinics/Programs – January through September 2014
 - Legal Entity (LE) Contract Providers – February through July 2014
 - Fee For Service (FFS) Network Providers – September 2014

OVERVIEW

- In preparation for IBHIS LE and FFS Network Providers have been divided into Readiness Groups
- Each Readiness Group will progress through a series of steps/tasks to ensure readiness for IBHIS go-live on their scheduled go-live date

OVERVIEW

- In this meeting, we will cover specific topics related to IBHIS readiness and end with a detailed set of IBHIS readiness tasks you may use to organize your readiness efforts

FFS NETWORK PROVIDER READINESS GROUP

- Provisioning Start: April 21, 2014
- Provisioning End: June 30, 2014
- Testing Start: May 1, 2014
- Testing End: Sept. 2, 2014
- Go-Live to IBHIS: Sept. 3, 2014

OVERVIEW

- Today's presentations and handouts will be posted to IBHIS Homepage (IBHIS Links)
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Links.htm
- Posting expected 4/23/14

IBHIS READINESS GROUP FEE-FOR-SERVICE OUTPATIENT PROVIDERS

PROVIDER SUPPORT OFFICE

USER ACCESS and PRACTITIONER ENROLLMENT

Donnakay Davis

THE ROLE OF THE PROVIDER SUPPORT OFFICE

- ❖ Practitioner set-up for new staff and updates or terminations for existing staff are submitted to the Provider Support Office (PSO) as part of IBHIS readiness activities.
- ❖ System Access and Maintenance for new and existing users to Provider Connect, the web-based application Fee-for-Service Providers will use to submit client and admission data, and to authorize services.
- ❖ Second-tier customer support for questions regarding practitioners, access and claims.

IBHIS SYSTEM ACCESS FORMS WEBPAGE

❖ The web page location is:

http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Forms.htm



The screenshot shows a web browser window titled "EDI_Basics.htm - Windows Internet Explorer". The address bar displays the URL http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Forms.htm. The browser's menu bar includes "Edit", "View", "Favorites", "Tools", and "Help". The "Favorites" bar shows "Pre-Retirement Workshop" and "Suggested Sites". The "Web Slice Gallery" is also visible.

The webpage content features a header image with the text "Integrated System" and the tagline "To Enrich Lives Through Effective and Caring Service". Below the header is a navigation bar with four links: "IS HOME", "DIRECTLY OPERATED CLINICS", "FEE-FOR-SERVICE PROVIDERS", and "CONTRACT PROVIDERS".

The main content area is divided into two columns. The left column, titled "Working in the IS", contains a list of links: "IBHIS Pilot I", "IBHIS EDI Basics", "IBHIS EDI Certification", "IBHIS EDI Forms and System Access Forms", "IBHIS EDI Guides", "IBHIS EDI Support", "IBHIS EDI Training", "IBHIS Technical Specifications", "IBHIS Readiness", "IBHIS EDI News/Alerts", and "IBHIS Calendar/Timelines".

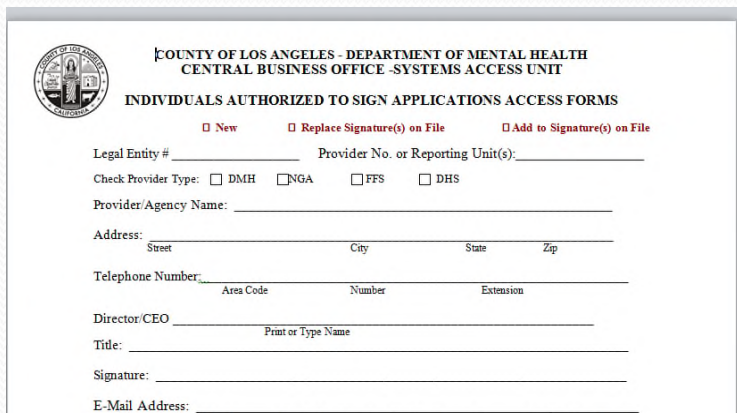
The right column, titled "IBHIS EDI Forms", contains the following sections:


- Click on the Links below to view the materials**
- EDI Registration Process and Forms**
 - [TPA Request Application Access Form](#) December 23, 2013
 - [FFS Inpatient \(FFS1\) IBHIS Readiness Checklist](#)
 - [FFS Outpatient \(FFS2\) IBHIS Readiness Checklist](#)
- Provider Connect Access Forms**
 - [Application Access Form](#)
 - [Application Access Codes](#)
 - [Application Access Form Sample](#)
 - [Instructions for Completing the Applications Access Form](#)
 - [Individuals Authorized to Sign Applications Access Form](#)
 - [Oath of Confidentiality](#)
 - [E-Signature Agreement](#)
 - [County of LA Agreement for Acceptable Use](#)
- Service Delivery Staff**
 - [FFS Inpatient \(FFS1\) Practitioner Enrollment and Maintenance Form](#)
 - [FFS Outpatient \(FFS 2\) Practitioner Enrollment and Maintenance Form](#)
 - [Taxonomy Codes and Descriptions](#)

USER ACCESS

AUTHORIZATION TO SIGN FORM

- ❖ The purpose of this form is to allow the Provider, Director or CEO to authorize, on his/her behalf, member(s) of the organization to sign all necessary user access forms for most DMH applications such as ProviderConnect.
- ❖ Access forms will be returned if PSO does not have this form on file or if we receive forms that do not carry one of the authorized signers.
- ❖ The top portion of the form is the identifying information for the Provider, Director or CEO.



 COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CENTRAL BUSINESS OFFICE - SYSTEMS ACCESS UNIT

INDIVIDUALS AUTHORIZED TO SIGN APPLICATIONS ACCESS FORMS

☐ New ☐ Replace Signature(s) on File ☐ Add to Signature(s) on File

Legal Entity # _____ Provider No. or Reporting Unit(s): _____

Check Provider Type: ☐ DMH ☐ NGA ☐ FFS ☐ DHS

Provider/Agency Name: _____

Address: _____
Street City State Zip

Telephone Number: _____
Area Code Number Extension

Director/CEO _____
Print or Type Name

Title: _____

Signature: _____

E-Mail Address: _____

USER ACCESS

AUTHORIZATION TO SIGN FORM


- ❖ The second half of the form is the identifying information for the Authorized Signers and one Alternate.
- ❖ Emails are vital during this transition, and will be our primary form of communicating with providers and billers. Please ensure you provide an email address for every person you list on this form.

E-Mail Address: _____	
The following individuals are authorized to sign Application Access Forms submitted by the above named agency:	
Name of Designee: _____	Print Type
Signature of Designee: _____	
Title: _____	Phone: _____
E-Mail Address: _____	
Name of Alternate: _____	Print Type
Signature of Alternate: _____	
Title: _____	Phone: _____
E-Mail Address: _____	
Date Submitted to SAU: _____	

USER ACCESS

APPLICATION ACCESS FORM

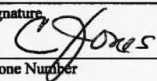
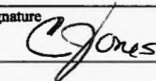
- ❖ To add a new user or existing IS user to ProviderConnect.
- ❖ Make sure to complete all required fields including ethnicity, handicap, and language codes.
- ❖ Emails are vital during this transition, and will be our primary form of communicating with providers and billers. Please ensure users enter their individual email address.

 APPLICATIONS ACCESS FORM				COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH PROVIDER SUPPORT OFFICE			
REQUEST TYPE							
Effective Date 04 / 04 / 2014		<input checked="" type="checkbox"/> Add New User		<input type="checkbox"/> Update Existing User		<input type="checkbox"/> Add Reporting Unit <input type="checkbox"/> Delete Reporting Unit <input type="checkbox"/> Name Change	
				<input type="checkbox"/> Add Role <input type="checkbox"/> Delete Role Unit <input type="checkbox"/> Termination		<input checked="" type="checkbox"/> Add User Access <input type="checkbox"/> Delete User Access	
EMPLOYEE STATUS							
<input type="checkbox"/> DMH Permanent		<input type="checkbox"/> DMH Temporary		<input type="checkbox"/> FFS IP		<input checked="" type="checkbox"/> FFS OP	
<input type="checkbox"/> MHSA		<input type="checkbox"/> NGA		<input type="checkbox"/> DHS			
APPLICATION INFORMATION							
User/Logon ID		Last Name Jones		First Name Camille		MI Last 4 Digits of SSN 3333	
Date of Birth MM/DD 12/10		Sex Code F		Ethnicity Code 01		Handicap Code 00	
				Language Code 01		Name of Facility/Bureau/FFS Network Provider/Pharmacy Camille Jones Inc.	
Program Name/Unit		Address 111 N. Main St.				Suite/Floor 15	
City Los Angeles		State CA		Zip Code 90012		Phone Number 213-240-1212	
				E-Mail Address cjones@yahoo.com			

USER ACCESS

APPLICATION ACCESS FORM

- ❖ In the “Select Application Access” section, check ProviderConnect.
- ❖ Ensure the user signs and includes all three documents with the Application Access Form.
- ❖ If necessary, submit or update “Individuals Authorized to Sign” form.

ROLE(S) <input type="text"/>		Provider using Web Services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SELECT CLASS CODE & AUTHORIZED PROVIDER NO.			
DMH Provider No(s) <input type="text"/>		NGA Legal Entity No. <input type="text"/>	
DHS Provider No(s) <input type="text"/>		FFS Provider No. <input type="text" value="PSY144212"/>	
SELECT APPLICATION ACCESS			
<input type="checkbox"/> Integrated System	<input type="checkbox"/> STAR	<input checked="" type="checkbox"/> Provider Connect*	<input type="checkbox"/> PRM* Other (please specify <input type="text"/>
The following forms must be signed and sent with this document:			
<input checked="" type="checkbox"/> COLA Agreement for Acceptable Use <input checked="" type="checkbox"/> Oath of Confidentiality <input checked="" type="checkbox"/> E-Signature Agreement			
SIGNATURES			
Applicant Name Camille Jones		Signature 	Date Completed 4/4/14
Contact (Print Name)		Phone Number	Date Completed
Program Head/Authorized Designee (Print Name) Camille Jones		Signature 	Date Completed 4/4/14

USER ACCESS

APPLICATION ACCESS FORM

- ❖ Remember to complete the following forms for ProviderConnect access:
 - ❖ Applications Access Form (AAF)
 - ❖ Authorization to Sign (if information is not current)
 - ❖ Oath of Confidentiality
 - ❖ Agreement of Acceptable Use
 - ❖ E-Signature Agreement
- ❖ Completed forms must be scanned and emailed to: DMHPSO@dmh.lacounty.gov



USER ACCESS

APPLICATION ACCESS FORM

- ❖ PSO staff will verify the accuracy of the forms and process the request for a ProviderConnect user ID and password.
- ❖ User IDs and passwords will be emailed to the individual requesting access via secured email.

PRACTITIONER ENROLLMENT AND REGISTRATION

- ❖ All FFS OP rendering provider information as of June 30, 2013 in the Integrated System was electronically moved into IBHIS.
- ❖ Because IBHIS has several new field values, FFS OP staff must complete the Practitioner Enrollment and Registration Form.
- ❖ The Practitioner Enrollment and Registration Codes document will assist providers in completing the form.

PRACTITIONER ENROLLMENT AND REGISTRATION

- ❖ The form and codes are now available on the DMH IBHIS Website:

The screenshot shows a web browser window displaying the LAC DMH Practitioner Enrollment and Maintenance Form. The form is titled "PRACTITIONER ENROLLMENT AND MAINTENANCE FORM for Fee-for-Service Outpatient Providers" and is from the County of Los Angeles - Department of Mental Health. It includes fields for Submit Date, Registration Date, and Request Type (New, Update, Name Change). The form is divided into sections: Practitioner Information (Last Name, First Name, M, Gender, Ethnicity, Language(s)), Office Location Information (FFS Provider#, Address, Suite/Floor, City, Zip Code, Telephone, Fax, Email Address), and Credential Information (Discipline, Practitioner Category, Categories for Coverage, Taxonomy Description, Taxonomy Code). The LAC DMH logo is in the top left corner.

County of Los Angeles – Department of Mental Health

PRACTITIONER ENROLLMENT AND MAINTENANCE FORM
for Fee-for-Service Outpatient Providers

Submit Date: ____/____/____
Registration Date: ____/____/____ Request Type: ☐ New ☐ Update ☐ Name Change

Practitioner Information

Last Name _____ First Name _____ M _____
Gender ☐ Male ☐ Female ☐ Unknown Ethnicity _____
Language(s) _____

Office Location Information

FFS Provider# _____
Address _____ Suite/Floor _____
City _____ Zip Code _____ - _____
Telephone (____) _____ Fax (____) _____
Email Address _____ @ _____

Credential Information

Discipline _____ Practitioner Category _____
Categories for Coverage _____
Taxonomy Description _____ Taxonomy Code _____

- ❖ Completed forms must be scanned and emailed to:
DMHPSO@dmh.lacounty.gov

CONTACT INFORMATION

- ❖ For questions/inquiries on Provider Connect, Practitioner Enrollment, and IS/IBHIS, contact:
 - ❖ Provider Support – Fee for Service Section at (213) 738-3311

PROVIDER CONNECT

Jim Spallino

FFS2 Provider Readiness Meeting
April 17, 2014



ACCESS

- ProviderConnect is an external interface to the IBHIS system that provides certain functionality to the provider community.
- Provider Connect has a web interface which can be accessed from the Internet via most common web browsers.
- A username/password is required to access Provider Connect. DMH will issue login credentials after the provider has attended training and completed access forms.

FFS2 USERS

- FFS2 providers will use Provider Connect to:
 - Search for clients
 - Create new clients/admissions
 - Create financial eligibility
 - Request service authorizations

MAIN SCREEN

ProviderConnect - Main Menu		Lookup Client Main Menu Log Out
You are logged in as:		
Your last login was:		
Main Menu - Provider		
Lookup Client	Add New Client/Client Search	Change Password
Documentation	News	
Logout / Exit		

SEARCH CLIENT

- Enter criteria to search for the client

Search Criteria	
Social Security Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U *
Date of Birth:	<input type="text"/>

SEARCH CLIENT

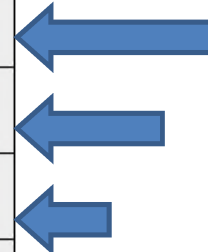
- Search results are displayed

Search Criteria							
Social Security Number:	<input type="text"/>						
Last Name:	<input type="text" value="test"/>						
First Name:	<input type="text" value="tester"/>						
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U						
Date of Birth:	<input type="text"/>						
<div>Search</div>							
Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3000074	TEST,TESTER	03/01/1999				123796	91
<div>Create Admission for New Client</div>							

CREATE ADMISSION

- Enter admission and demographic data for the client:

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U	
Date of Birth <input type="text"/>	Age <input type="text"/>
Admission Date <input type="text"/>	Admission Time <input type="text"/> HH:MM AM/PM
Program <input type="text"/> --Please Choose One-- *	Admitting Practitioner <input type="text"/> --Please Choose One-- *
Attending Practitioner <input type="text"/> --Please Choose One--	Type of Admission <input type="text"/> --Please Choose One-- *
Source of Admission <input type="text"/> --Please Choose One--	Social Security Number <input type="text"/>
Alt Social Security Number <input type="text"/>	Advanced Directive <input type="radio"/> No - N <input type="radio"/> Yes - Y



* Required fields are highlighted in red or marked with an asterisk

CREATE ADMISSION

- Admission created:

ProviderConnect - Provider Admissions		Lookup Client	Main Menu	Log Out
Client Name:	TESTER, TEST			
Member ID:	3000675			
SSN:				
Episode Information				
Episode	Admission Date	Discharge Date	Program	
1	1/5/2014	Create Discharge	x FFS2LE Fee For Service 2 Admission	

CREATE FINANCIAL ELIGIBILITY

- Enter financial eligibility data for the client:

Guarantor Information	
Guarantor Order 1	Guarantor Name <input type="text"/>
Guarantor's Address - Line 1 <input type="text"/>	Guarantor's Address - Line 2 <input type="text"/>
Guarantor's Address - City <input type="text"/>	Guarantor's Address - Zipcode <input type="text"/>
Guarantor's Address - State -Please Choose One- ▼	Guarantor's Phone Number <input type="text"/>
Guarantor Plan -Please Choose One- ▼ *	Customize Guarantor Plan <input type="checkbox"/> Yes - Y <input type="checkbox"/> No - N *

CREATE FINANCIAL ELIGIBILITY

- Financial eligibility created:

Client Name:	TEST, TESTER
Member ID:	3000074
SSN:	123-45-6789

Episode-Based Financial Eligibility			
Record Date	Admission Date	Episode Number	Agency
4/14/2014 10:34:00 AM	4/1/2014	2	Your Agency Name Here

[Add Financial Eligibility](#)



VIEW AUTHORIZATIONS

- Select authorizations from the menu

Demographic
CSI Admission
Authorizations
Provider Admission
Provider Diagnosis
Attachments



- Current authorizations for the client will appear when applicable

Provider	Auth Number	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Your Name	360	Complete	Not Reviewed	1/28/2014 1:58:55 PM	1/28/2014 1:58:55 PM	5/1/2014	7/29/2014		 Edit/Add New
Your Name	232	Complete	Approved	1/7/2014 5:52:09 PM	1/8/2014 4:41:12 PM	1/7/2014	4/6/2014		 Edit/Add New

REQUEST AUTHORIZATION

- Step 1: Authorization Request
 - Start / End Date of Service
 - Diagnosis
 - Funding source/benefit plan
 - Procedure codes
 - Authorization number is assigned



*In order to request an authorization, the client must have an active admission in IBHIS associated to the FFS2 LE Program.

REQUEST AUTHORIZATION

- Step 2: Authorization Details
 - Client Care Plan
 - Client Progress
- Step 3: Attach Supporting Documents
 - Signed Authorization
 - Other pertinent docs if necessary, such as progress notes

AUTHORIZATION STATUS

- As LACDMH evaluates the request, the status can be viewed in the authorization pre-display screen.

Provider	Auth Number	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Your Name	360	Complete	Not Reviewed	1/28/2014 1:58:55 PM	1/28/2014 1:58:55 PM	5/1/2014	7/29/2014		 Edit / Add New
Your Name	232	Complete	Approved	1/7/2014 5:52:09 PM	1/8/2014 4:41:12 PM	1/7/2014	4/6/2014		 Edit / Add New

NEXT STEPS

- Identify users of Provider Connect
 - Providers
 - Billers
- Complete a set of access forms for each user
- Receive Provider Connect training
 - Integration testing
 - Go-live

QUESTIONS?

Financial Eligibility in ProviderConnect

Nicole Walker

Purpose

- To discuss and give an overview of how the process of acquiring client eligibility information of today will change with the implementation of the Integrated Behavioral Information Health System (IBHIS) and Provider Connect

Current Processes

- Complete eligibility in the Administrative module of the Integrated System (IS)
 - Two green checks
- Check the Medi-Cal website
 - Green light = good eligibility
- AEVS or POS

Coming Up with IBHIS

- Three forms will need to be completed for each and every client:
 - Payer Financial Information (PFI) form – Found in the Provider Manual
 - Systemwide Annual Liability – Found in Provider Connect
 - Financial Eligibility – Found in Provider Connect

Payer Financial Information (PFI) form

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Payer Financial Information (PFI) form

- Gathers all the information needed to check a client's eligibility for services
- **Required to be completed for all clients**
- PFI is currently available in Section XI of the Provider Manual found here:
http://lacdmh.lacounty.gov/hipaa/ffs_home.htm
- Provides the information needed to complete a systemwide annual liability

Payer Financial Information (PFI) form

Attachment V

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

PAYOR FINANCIAL INFORMATION

CONFIDENTIAL CLIENT INFORMATION
See W & I Code, Section 5328

CLIENT INFORMATION

1 CLIENT NAME SS# CLIENT ID #

2 MAIDEN NAME DOB MARITAL STATUS M S D W SP SPOUSE NAME

THIRD PARTY INFORMATION

3 NO THIRD PARTY PAYOR ☐

4 MEDICAL ☐ YES ☐ NO MEDICAL COUNTY CODE/AID CODE/ CLAIM # MEDICAL PENDING ☐ YES ☐ NO DATE REFERRED

5 SHARE OF COST ☐ YES ☐ NO \$ SOC AMT SSI PENDING ☐ YES ☐ NO SSI APPLICATION DATE IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON ☐ YES ☐ NO

6 MEDICAL HMO ☐ YES ☐ NO CAL WORKS ☐ YES ☐ NO AB3632 ☐ YES ☐ NO GROW ☐ YES ☐ NO HEALTHY FAMILIES ☐ YES ☐ NO HEALTHY FAMILIES CIN # OTHER FUNDING

7 MEDICARE ☐ YES ☐ NO MEDI-GAP ☐ YES ☐ NO CHAMPUS ☐ YES ☐ NO VET/ADM ☐ YES ☐ NO PRIVATE INS ☐ YES ☐ NO HMO ☐ YES ☐ NO CLAIM #

8 NAME OF CARRIER GROUP/POLICY/ID # NAME OF INSURED

9 CARRIER ADDRESS ASSIGNMENT/RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO

PAYOR REFERENCES (CLIENT OR RESPONSIBLE PERSON)

10 NAME OF PAYOR RELATION TO CLIENT DOB MARITAL STATUS M S D W SP PAYOR CLD/CAL ID

11 ADDRESS CITY STATE ZIP CODE TEL #

12 SOURCE OF INCOME ☐ SALARY ☐ SELF EMPLOYED ☐ UNEMPLOYMENT INSURANCE ☐ DISABILITY INSURANCE PAYOR SS #

☐ SSI ☐ GR ☐ VA ☐ Other Public Assistance ☐ IN-KIND ☐ UNKNOWN ☐ OTHER: _____

13 EMPLOYER POSITION IF NOT EMPLOYED, DATE LAST WORKED

14 EMPLOYER ADDRESS (Include City, State & Zip Code) TEL #

15 SPOUSE ADDRESS (Include City, State & Zip Code) SPOUSE'S SS #

16 SPOUSE'S EMPLOYER POSITION IF NOT EMPLOYED, DATE LAST WORKED

17 SPOUSE'S EMPLOYER ADDRESS (Include City, State & Zip Code) TEL #

18 NEAREST RELATIVE/RELATIONSHIP ADDRESS (Include City, State & Zip Code) TEL #

UMDAP LIABILITY DETERMINATION

19 LIQUID ASSETS	20 ALLOWABLE EXPENSES	21 ADJUSTED MONTHLY INCOME
Savings \$ _____	Court ordered obligations paid monthly \$ _____	Gross Monthly Family Income
Checking Accounts \$ _____	Monthly child care payments (necessary for employment) \$ _____	Self/Payor \$ _____
IRA, CD Market value of stocks, bonds and mutual funds \$ _____	Monthly dependent support payments \$ _____	Spouse \$ _____
TOTAL LIQUID ASSETS \$ _____	Monthly medical expense payments \$ _____	Other \$ _____
Less Asset Allowance \$ _____	Monthly mandated deductions from gross income for retirement plans. (Do not include Social Security) \$ _____	TOTAL \$ _____
Net Asset Valuation \$ _____	Total Allowable Expenses \$ _____	Add monthly asset valuation \$ _____
Monthly Asset Valuation (Divide Net Asset by 12) \$ _____	VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL \$ _____
VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO		Subtract total expenses \$ _____
		Adjusted Monthly Income \$ _____
		VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO

22 Number Dependent on _____ ANNUAL LIABILITY ANNUAL CHARGE PERIOD PAYMENT PLAN \$ _____ per month

Systemwide Annual Liability

...

Systemwide Annual Liability

The Systemwide Annual Liability form helps notify all specialty mental health providers know when clients have an existing annual liability at another directly operated, contract provider, or Fee for Service program so that the client will not be overbilled for services rendered.

Systemwide Annual Liability

1st date of
service or
admission
date

Systemwide Annual Liability	
Annual Liability Begin Date 03/07/2014 Today Yesterday	Record Creation Date 03/25/2014 < Today Yesterday
Responsible Legal Entity x FFS2LE Fee For Service 2 Admission	Record Created By Search for: Search (CARELINKUSER) ProviderConnect user (do not edit)
Monthly Family Income (\$) 1200.00	Annual Liability (\$) 0.00 <
Responsible Family Member TWO, ONE. 1/30/1995	Number of Dependents 4
Note J.Schmidt 213-555-5555 Client has Medi-Cal--checked on 3/7/2014.	
Save Changes Cancel Changes	

Total
Gross
Monthly
Income
from PFI
form

Last Day
from PFI,
UMDAP
section –
auto fill

UMDAP
liability
based on
the client
fee
schedule

Financial Eligibility form



Financial Eligibility Form

Guarantor Selection Section

Client Name:	TWO, ONE
Member ID:	3000659
SSN:	987-44-4444

Financial Eligibility	
Episode Number	1
Admission Date	3/7/2014
Program	x FFS2LE Fee For Service 2 Admission
Default Information from Different Episode	<input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N
Episode To Default From	
Coverage Comments	

Guarantor Selection	
-- Guarantors --	Add Guarantor

[Submit](#) [Cancel](#)

- Select the Episode Number from the drop down menu (Admission Date and Program fields will auto fill).
- Select the appropriate guarantor for your client from the drop down menu in the Guarantor selection section, and click Add Guarantor.

Financial Eligibility form

- Guarantor Set-Up
 - Basic guarantor demographics
- Subscriber Information
 - Basic demographics (name, address, DOB, etc.)
- Coverage Information
 - Effective dates of client's coverage by guarantor
- Establish the order of the guarantors
 - What order shall the guarantors pay
- **Submit and move on to the next client**

The End



CONTRACT PROVIDER INTEGRATION

DMH Integration Team

FFS2 IBHIS Readiness Meeting
April 17, 2014



Overview

- Trading Partner Agreement (TPA) process
- Testing Phases & Timelines
- Provider Testing – Checklist
- Certification Criteria
- Certification Process
- Q/A

IBHIS TPA PROCESS

- The TPA process consists of an electronic on-line application
- You will be able to create, save, update and submit your TPA request on-line
- You will upload your signed Trading Partner Agreement and can view it at any time
- You can view the status of your TPA request real-time

IBHIS TPA PROCESS

- Credentials required to login
- To request access to the TPA application, complete and submit the ***TPA Application Access Form***.
 - Located under **IBHIS EDI Registration Process and Forms:**
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Forms.htm
 - Email form to: TPA@dmh.lacounty.gov

IBHIS TPA PROCESS

- Links on the IBHIS website:
 - Trading Partner Agreement (TPA) Request Application link:
<https://extra.dmh.lacounty.gov/TPARequest/Security/SignIn.aspx>
 - IBHIS Trading Partner Agreement (TPA) Request Application User Manual:
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Certification.htm
 - Two Part TPA/Digital Certificate Web Demonstrations:
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Certification.htm
- Important Dates for FFS2 Providers:
 - Provisioning Dates: 4/21/14 through 6/30/14
 - Testing Dates: 5/1/14 through 9/2/14
 - Go-Live Date: 9/3/14



DIGITAL CERTIFICATE TESTING

- After submitting the TPA request, a Test Digital Certificate will be assigned.
- The instructions to download the Digital Certificate can be found under the “Digital Certificate Management” section on the following link:

http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm

- **Timeframe:** Testing Dates: 5/1/14 through 9/2/14



DIGITAL CERTIFICATE TESTING

- To validate that the Digital Certificate is working properly, FFS2 Providers:
 - Will attempt to connect to their assigned IBHIS EFT test account using the test Digital Certificate.
 - Will attempt to upload a “Test” file to their respective IBHIS EFT folder to ensure successful connectivity.
- Secure file exchange instructions can be found under the “Data Exchange” section of the following link:

http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm



EDI CLAIMS TESTING

- IBHIS 837 5010 Companion Guide can be found under the following link:

http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm

- FFS2 Providers and their respective Billers or Clearinghouses, or EHR Vendors (if applicable) will make appropriate changes to their systems to exchange EDI with DMH.
- **IBHIS EDI Testing Start Date: 7/1/14 through 9/2/14 (approximately)**



EDI TESTING- CHECKLIST

- To help keep track of various activities and timelines, a checklist will be provided at a later date for your reference.

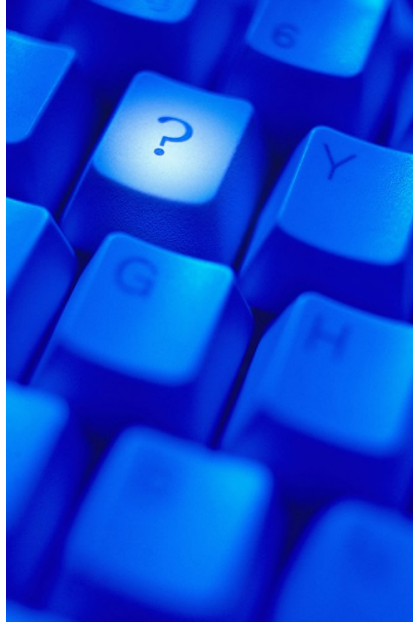
EDI CERTIFICATION PROCESS

- Documentation regarding EDI Certification will be posted at a later date.

CERTIFICATION PROCESS

- Once LACDMH validates EDI claims, Providers will be flagged as “Production Ready” and will receive their Production Digital Certificate.

QUESTIONS



REPORTS AND EXTRACTS

John Ortega

**Network Provider Readiness Meeting
April 17, 2014**



REPORTS and EXTRACTS – Network Providers

